

## Complete Summary

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### GUIDELINE TITLE

Bunions.

### BIBLIOGRAPHIC SOURCE(S)

Bunions. Philadelphia (PA): Intracorp; 2005. Various p. [11 references]

### GUIDELINE STATUS

This is the current release of the guideline.

All Intracorp guidelines are reviewed annually and updated as necessary, but no less frequently than every 2 years. This guideline is effective from July 1, 2005 to July 1, 2007.

## COMPLETE SUMMARY CONTENT

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## SCOPE

### DISEASE/CONDITION(S)

Bunions

### GUIDELINE CATEGORY

Diagnosis  
 Evaluation  
 Management  
 Treatment

### CLINICAL SPECIALTY

Family Practice  
Orthopedic Surgery  
Podiatry

#### INTENDED USERS

Allied Health Personnel  
Health Care Providers  
Health Plans  
Hospitals  
Managed Care Organizations  
Utilization Management

#### GUIDELINE OBJECTIVE(S)

To present recommendations for the diagnosis and management of bunions that will assist medical management leaders to make appropriate benefit coverage determinations

#### TARGET POPULATION

Individuals with bunions

#### INTERVENTIONS AND PRACTICES CONSIDERED

##### Diagnosis/Evaluation

1. Physical examination and assessment of signs and symptoms
2. X-ray if surgical correction is considered

##### Management/Treatment

1. Avoiding tight-fitting or high-heeled shoes and using shoes with a good arch support and wide toe box
2. Over-the-counter orthotics
3. Pads between the first and second toes
4. Stretching exercises
5. Referral to specialists
6. Surgical correction of the deformity

#### MAJOR OUTCOMES CONSIDERED

Not stated

## METHODOLOGY

#### METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)  
Hand-searches of Published Literature (Secondary Sources)  
Searches of Electronic Databases

#### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Searches were performed of the following resources: reviews by independent medical technology assessment vendors (such as the Cochrane Library, HAYES); PubMed; MD Consult; the Centers for Disease Control and Prevention (CDC); the U.S. Food and Drug Administration (FDA); professional society position statements and recommended guidelines; peer reviewed medical and technology publications and journals; medical journals by specialty; National Library of Medicine; Agency for Healthcare Research and Quality; Centers for Medicare and Medicaid Services; and Federal and State Jurisdictional mandates.

#### NUMBER OF SOURCE DOCUMENTS

Not stated

#### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Not Given)

#### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

#### METHODS USED TO ANALYZE THE EVIDENCE

Review

#### DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

#### METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus (Delphi)

#### DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

A draft Clinical Resource Tool (CRT or guideline) is prepared by a primary researcher and presented to the Medical Technology Assessment Committee or the Intracorp Guideline Quality Committee, dependent upon guideline product type.

The Medical Technology Assessment Committee is the governing body for the assessment of emerging and evolving technology. This Committee is comprised of

a Medical Technology Assessment Medical Director, the Benefit and Coverage Medical Director, CIGNA Pharmacy, physicians from across the enterprise, the Clinical Resource Unit staff, Legal Department, Operations, and Quality. The Intracorp Guideline Quality Committee is similarly staffed by Senior and Associate Disability Medical Directors.

Revisions are suggested and considered. A vote is taken for acceptance or denial of the CRT.

#### RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

#### COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

#### METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups  
Internal Peer Review

#### DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

### RECOMMENDATIONS

#### MAJOR RECOMMENDATIONS

##### Diagnostic Confirmation

##### Subjective Findings

- Pain
- History of tight-fitting or high-heeled shoes
- Family history of bunions
- History of ballet dancing or long-distance running

##### Objective Findings

- Bony prominence on the medial aspect at the base of the first (great) toe
- Lateral deviation of the first toe
- Callus or bursitis over the bony prominence
- Radiographic evidence of a large angle between the proximal phalanx and the first metatarsal head

##### Diagnostic Tests

- Diagnosis is made at clinical examination.
- Plain x-ray is only necessary if surgical correction is considered.

#### Differential Diagnosis

- Rheumatoid arthritis
- Gout
- Pseudogout
- Bursitis
- Tendonitis
- Tenosynovitis
- Fibrositis
- Degenerative joint disease
- Traumatic joint injury

#### Treatment

##### Treatment Options

- Avoid tight-fitting or high-heeled shoes.
- Recommend shoes with a good arch support and wide toe box.
- Various over-the-counter (OTC) orthotics are available to avoid pronation of the first toe.
- Pads between the first and second toes where they rub together and over calluses
- Stretching exercises to loosen tight Achilles tendons
- Surgical correction of the deformity (see the Intracorp guideline Bunionectomy)

##### Duration of Medical Treatment

- Medical - Optimal: 3 day(s), Maximal: 30 day(s)
- Surgical - Optimal: 7 day(s), Maximal: 90 day(s)

Additional information regarding primary care visit schedules, referral options, specialty care, physical therapy, and durable medical equipment is provided in the original guideline document.

The original guideline document also provides a list of red flags that may affect disability duration, and return to work goals, including

- Resolving pain without surgery
- After surgical correction of deformity

#### CLINICAL ALGORITHM(S)

None provided

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

Appropriate diagnosis and management of bunions that assist medical management leaders to make appropriate benefit coverage determinations

### POTENTIAL HARMS

Not stated

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better  
Living with Illness

### IOM DOMAIN

Effectiveness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Bunions. Philadelphia (PA): Intracorp; 2005. Various p. [11 references]

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2005

#### GUIDELINE DEVELOPER(S)

Intracorp - Public For Profit Organization

#### SOURCE(S) OF FUNDING

Intracorp

#### GUIDELINE COMMITTEE

CIGNA Clinical Resources Unit (CRU)  
Intracorp Disability Clinical Advisory Team (DCAT)  
Medical Technology Assessment Committee (MTAC)  
Intracorp Guideline Quality Committee

#### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

#### FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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#### AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Policies and procedures. Medical Technology Assessment Committee Review Process. Philadelphia (PA): Intracorp; 2004. 4 p.
- Online guideline user trial. Register for Claims Toolbox access at [www.intracorp.com](http://www.intracorp.com).

Licensing information and pricing: Available from Intracorp, 1601 Chestnut Street, TL-09C, Philadelphia, PA 19192; e-mail: [lbowman@mail.intracorp.com](mailto:lbowman@mail.intracorp.com).

## PATIENT RESOURCES

None available

## NGC STATUS

This NGC summary was completed by ECRI on August 9, 2005. The information was verified by the guideline developer on August 31, 2005.

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Date Modified: 10/9/2006